

# Health Department, City of Baltimore.

Permit No. 98932 Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attends any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Meads

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years,        Months,        Days.

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cooking for the market

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Isle of Wight Co Va

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give Street and Number. } W. Biddle St # 578

Cause of Death, { First (Primary), Second (Immediate), } Heart affection  
Arthritic Paroxysm

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Hill Cemetery

Date of Burial, March 31 1887

{ Undertaker, Hercules Ross } L. G. Spanow M. D.

Medical Attendant

{ Place of Business, 404 E. Main St } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98933 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gora A. Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 9 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 2904 Hudson St

Cause of Death, { First (Primary), Second (Immediate), } Acute Cerebral Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city

Date of Burial, April 1<sup>st</sup> 1887

Undertaker, C. Sanders & Son J. H. Martin M. D.

Medical Attendant.

Place of Business, 1708 + 1710 Canton St Address, 910 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. 98934 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie A. Tilghman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, 26 Days,

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and Number. } 408 Myrtle Ave.

Cause of Death, { First (Primary), Tubercular Meningitis  
Second (Immediate), Cerebral Haemorrhage. }

Duration of Last Sickness, one day

the above information should be furnished by the Physician

Place of Burial, Land Cemetery

Date of Burial, March 31

Christopher Johnston Jr. M.D.  
Medical Attendant.

{ Undertaker John H. Owens &

{ Place of Business, 502 Reel St Address, 201 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98935 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 31, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Sipes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1943 Rousay st

Cause of Death, { First (Primary), Second (Immediate), } Erysipelas  
Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, April 1

{ Undertaker, J. B. Cook } James Booley M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address, 1701 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98936 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Yeatman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, 8 Months, 17 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 13<sup>th</sup> St. L.A.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1517 Front Street St.

Cause of Death, { First (Primary), Second (Immediate), } Indefinite Phlebotomy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 1

{ Undertaker, C. D. B. Co. Amman & Hille M. D. Medical Attendant.

{ Place of Business, 1003 N. Balto Address, 1003 N. Baltimore

Extract from Regulations of the Board of Health to secure full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 98937 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Henry Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } Woodward St # 932

Cause of Death, { First (Primary), Second (Immediate), } mal-nutrition

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, Weston P. Cemetery

Date of Burial, March 30<sup>th</sup> 1887

{ Undertaker, Geo E Brown } L. G. Spanow M. D.  
Place of Business, Health Office Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. *98938* Office of Registrar of Vital Statistics. Ward *19<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Monday, March 28, 1887*  
 Full Name of Deceased, *Susan Young* Write legibly and spell correctly. If an infant not named, give names of parents.  
 Sex, *Female* Cross out the word not required in this line.  
 Age, *33* Years, *—* Months, *—* Days.

Color, *Black.*

Married, *Single* Cross out the word not required in this line.

Occupation, *Servant*

Birthplace, *Baltimore Md.* State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *All of life*

Place of Death, *110 Vincent alley.* Give street and Number.

Cause of Death, *Pneumonia* First (Primary).  
*Ephraim* Second (Immediate).

Duration of Last Sickness, *Two weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *March 31 1887*

Undertaker, *S. M. Chase*

Place of Business, *41 Howard*

*L. B. Gorgas* M. D.  
 Medical Attendant.

Address, *736 W. Lexington St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Health Department, City of Baltimore.

Permit No. **98939**

Office of Registrar of Vital Statistics.

Ward **11**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **March 29th 1887.**

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. **Annie Myers.**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **48** Years, \_\_\_\_\_ Months, **7** Days

Color, **Colored.**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Widow**

Occupation, **Cook**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Frederick, Maryland.**

Duration of Residence in the City of Baltimore, **Twenty one years.**

Place of Death, { Give Street and Number. } **W.F. Bailey's Drug Store, Corner Park Ave and Mulberry St. not known**

Cause of Death, { First (Primary), Second (Immediate), } **Paralysis of the heart**

Duration of Last Sickness, **about half hour.**

All the above information should be furnished by the Physician.

Place of Burial, **St. Peters Cemetery**

Date of Burial, **March 31st 1887**

Undertaker, **J. M. James Gray**

Place of Business, **210 Mulberry St.**

**Edward G. Macnamara M. D.**  
Medical Attendant.

Address, **206 N. Franklin St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98940 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1887

Full Name of Deceased, Rachel E Wagner

Sex, Male or Female, Female

Age, 76 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Schenectady N. Y.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, 123 Hanover st

Cause of Death, Asthma  
Congestion of Lungs  
Two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. B. 1/89

Date of Burial, Green Mount Cem.

Undertaker, W. A. Taylor & Co.

Place of Business, 209 S. Broadway

Medical Attendant, H. W. Webster, M. D.  
Address, 106 Baiter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9894 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 30 89.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann McDeemott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 49 Greenut Ave.

Cause of Death, { First (Primary), Second (Immediate), } Purpural Septicaemia  
Exhaustion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 1<sup>st</sup> 1889

Undertaker, Henry L. Mears J. H. Robinson M. D. Medical Attendant.

Place of Business, # 413 E. Fayette St Address, 725 Greenut Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]